STATEMENT OF CLAIMANT FORM

STOCKPOND USE

	ror	Depar	menia	Use	Only
×13.					
F	ile N	o. 39	•		
D	ate	Filed			
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V	VFN				
	ngw. W				

UPPER GILA RIVER WATERSHED UPSTREAM FROM ASHURST-HAYDEN DAM EXCLUDING THE SAN PEDRO RIVER WATERSHED SUPERIOR COURT OF MARICOPA COUNTY

		Name:				City			
Cla	aimant					City			
		State:		ib cone —		Telephoi	16	·····	- · · · · · ;
. Ba	asis of	Claim:						•	
			n Right acqu	ired prior	to June 12,	1919. 1974 Wa	ter Rights	Registration	n Act
	•	Registry No	·						
B.		Appropriation	n Right acqu	ired after	June 12, 19	19. Application	No		
		Permit No.			, or Certi	ficate of Water	Right No.	·	
C.									
D.									· · · · · · · · · · · · · · · · · · ·
E.		Other desc	ribe:		<u></u>				
1		Other, adde						 ,	
. Cla	ः aimed ।	Priority Date	: 1	/ (m	onth/day/yea	r)	•		
			·			•			
. So	ource o	f Water:							
Α.	Stream, wash or arroyo: name, tributary to								
σ.		Is water supplied from a source other than natural channel flow into the stockpond?							
В.			-						
	ls w		from a source	e other th	nan natural c		the stoc	kpond?	
	ls w	ater supplied	from a source	e other th	nan natural c	hannel flow into	the stoc	kpond?	
В.	ls w	ater supplied ′es □ No	from a source if yes, des	e other th	nan natural c	hannel flow into	the stoc	kpond?	
B.	ls w □ Y gal des	rater supplied res	from a source if yes, des	ce other the scribe:	nan natural c	hannel flow into	sheet if re	kpond? equired)	
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8.	Number and kind of livestock or wildlife water	ed by this s	tockpond: , for	months per year.	
9.	Attach photographs, maps or sketches necessary ance system and other point(s) of diversion.				
10	It may be necessary for a representative from the and diversion. Your signature following will gran inspection: Signature of Claimant	t permission	to enter your prop-	erty for the purpose of	
1	Should it be necessary for a representative of representative, are there any special instructions specified person?	regarding til	me of day or addres	is to aid in locating the	
12	Additional comments:				
	(attach additional sheet if required)				
i 3	Attach Filing Fee to Form. Mail form(s) and filing	i fee(s) to:			
14	Notarized Statement:		~		
	the claimant(s) named in this claim, do hereby cert and statements made herein are to the best of m	ify under pen			
	(seal)				
	My Commission Expires		Notary Public		
	•	or,			
		· ····			